

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10538076
APPLICANT

FILING DATE

6/9/5 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		1		1		51						
2		1		1		1	52						
3	1			1		1	53						
4	1			1		1	54						
5	1			1		1	55						
6	1			1		1	56						
7	6			1		1	57						
8	6			1		1	58						
9	1			1		1	59						
10	1			1		1	60						
11	1			1		1	61						
12	1			1		1	62						
13	1			1		1	63						
14	1			1		1	64						
15	1			1		1	65						
16	1			1		1	66						
17	1			1		1	67						
18	1			1		1	68						
19	1			1		1	69						
20	1			1		1	70						
21	1			1		1	71						
22	6			1		1	72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
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37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL REQ.		↓	1	↓	1	↓	TOTAL REQ.		↓		↓		↓
TOTAL DEP.		←	21	←	21	←	TOTAL DEP.		←		←		←
TOTAL CLAIMS		22		22		22	TOTAL CLAIMS						